

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA

FILED-  
APR 03 2019

At  
ROBERT N. TRGOVICH, Clerk  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA

Chad Prince

PLAINTIFF

[Type or print your name on the line above]

v.

Vanburan County Jail

DEFENDANT

[Type or print only the name of the first  
person you are suing. List everyone you  
are suing on page 2.]

3:19cv267

Cause No.

[Leave this blank, the clerk will  
supply the cause number when  
your case is received.]

**PRISONER COMPLAINT**  
**42 U.S.C. § 1983**

**I. PARTIES**

A. PLAINTIFF [You are the plaintiff in this lawsuit. Neatly print or type your information below.]

1. CHAD Christopher PRINCE  
Name: First Middle Last Offender Number

2. Where are you being held: ST Joe Co. JAIL South Bend IN  
[name the prison or jail where you are incarcerated]

3. What is the address: 401 W SAMPLE ST SAINT JOSEPH  
County Jail South Bend IN 46601

4. Did the things that you are suing about happen in the place listed above:

☐ YES, it happened here in the same facility I am being held at today.

☒ NO, it happened at VANburan county JAIL Pawlaw MI

5. Did the things that you are now suing about, happen:

☐ before you were confined, or

☒ when you were confined awaiting trial, or

☐ after conviction while confined serving a sentence.

B. DEFENDANT(S) How many defendants are you suing: 1

[The defendants are the people you are suing. Print or type the defendant's name, job title, the state or local government agency the defendant works for, and the address of that government agency. Remember to include the defendant you named in the caption on page one. If you are suing more than one defendant, number them.]

#	Defendant's Name	Job Title/Government Agency	Work Address
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1.	Vanburan County Jail	Jail	205 KALAMAZOO ST. PAW PAW MI 49079
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## II. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance system that would allow you to file a grievance about the things you are suing about?

☐ YES

☒ NO

B. If yes, did you file a grievance about the things you are suing about?

☐ YES [Attach the response from the final step of the grievance process.]

☐ NO [Explain why you did not file a grievance.]

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### III. CAUSE(S) OF ACTION WITH SUPPORTING FACTS

Write why you are suing each defendant. Write who, what, when, where, and how you believe your rights were violated. It is **VERY IMPORTANT** that you use each defendant's name in describing what happened to you. If you do not write what each defendant did, the court will not know why you are suing and that defendant will be dismissed.

Explain what constitutional or federal law right, privilege or immunity each defendant violated. Do not cite or quote cases or statutes. If you want to make legal arguments or citations, you must file a separate memorandum of law. Do not attach it to this complaint.

Write a new paragraph for each violation. Name each defendant involved in that violation.

Number your paragraphs.

1. While in the Custody of Vanburan County Jail, I had 2 Seizures & was immediately seen by a Nurse who put me on anti-seizure Medication & ordered that I be permanently on bottom bunk restriction, meaning that I'm not allowed to be on a top bunk as it would be a danger to my safety & put me at risk of bodily harm.

2. For 3 days Vanburan County Jail forced me to Sleep on the floor in Booking which violates law regarding prisoners having to be at least 2 inches off the floor, and used my medical Problems as an excuse.

3. I was finally moved to "General Pop" after the 3 days on the floor & was told I had to Sleep on a Top bunk by Vanburan County "C.O.s", because "No Bottom



**Cause(s) of Action with Supporting Facts (continued)**

bunks were available for me". I Pushed the "E-button" and told "C.O.s" that I was on bottom bunk restriction for medical reasons & the "C.O." told me that the "E-button" was for Emergency Use Only and that top bunks are all that's available.

4. Instead of Vanburen County "C.O.'s" getting me a "boat" to Sleep in, which is a plastic boat-like unit that holds a Mat off the floor for Sleeping, they forced me to mount a top bunk.

5. I had a Seizure while I slept & fell off the top bunk resulting in bodily injury due to the Negligence of Vanburen County Jail Staff.

6. I woke up in Bronson Hospital in Kalamazoo, Mi. with a Sevier Concussion, head wounds & Extreme body & back pain. A Repersent of Vanburen County Jail was there when I woke up with "Release Form" for me to sign & I was released from custody to Quietly silence the incident.

#### IV. PREVIOUS LAWSUITS

Have you ever sued anyone for the same things you wrote about in this complaint? ☒ NO ☐ YES - [Print or type the following information about the case. Attach additional sheets if there is more than one prior case.]

Court: \_\_\_\_\_

Judge: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Date filed: \_\_\_\_\_ Date closed: \_\_\_\_\_

#### V. RELIEF

Write exactly what you want the court to do for you. This court cannot order that a defendant be fired, investigated, or criminally prosecuted.

**NOTE: A lawsuit filed on this form cannot restore good time, expunge your record or get you released from custody. For this type of relief, you must file a Habeas Corpus case under 28 U.S.C. § 2254.**

Medical Payments from Bronson Hospital.  
Future Treatment of ongoing back pain.  
\$10,000,000 in damages, pain & suffering, ext.

For Vanburen County Jail to enforce better  
Policies of housing inmates with medical  
Needs to avoid future incidents that  
could easily be avoided.



## VI. VERIFICATION AND SIGNATURE

### **Initial Each Statement and Sign at the Bottom**

☒ I have included two properly completed summons forms (available from the clerk) for each defendant I am suing, including full name, job title and work address.

☒ I have included one properly completed process receipt and return form (USM-285) (available from the U.S. Marshal) for each defendant I am suing.

☐ In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant and one extra for the court.

☐ I have included full payment of the filing fee OR attached a properly completed prisoner petition to proceed *in forma pauperis* (available from the clerk) with a copy of my prison trust fund account statement for the six months preceding the filing of this case.

☐ I agree to promptly notify the clerk of any change of address.

☐ I have read all of the statements in this complaint. *[Do not forget to keep a copy for your records.]*

☐ I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of MARCH, 2019.

Chad Christopher Prime  
Your Signature

Mail all of these papers to:

South Bend Division Clerk's Office  
204 S. Main Street  
South Bend, IN 46601